PTO/SB/05 (03-01) use through 10/31/2002. OMB 0651-0032

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UTILITY

PATENT APPLICATION

TRANSMITTAL

First Inventor Potassium Channel Inhibitors

4208.00034 Serge Beaudoin et al.

Title

Attorney Docket No.

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d	(Only for r	new nonprovision	nal applications (under 37 C.F.R.	1.53(b))	Express Mail	Label No.			٥٥
		APP chapter 600 cond	LICATION cerning utility pa		_	ADDF	RESS TO): Box Pater	Commissioner for Patents at Application on, DC 20231	31000
1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. Applicant claims small entity status. See 37 CFR 1.27. 3. Specification [Total Pages 65] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D					8. Nucl (if ap a. ☐ b. Sp i. [ii.]					
Reference to sequence listing, a table, or a computer program listing appendix				ACCOMPANYING APPLICATIONS PARTS						
	 Background of the Invention Brief Summary of the Invention Brief Description of the Drawings (if filed) Detailed Description Claim(s) Abstract of the Disclosure 		9. 🗍	37 C.F.R. (when the	.§3.73(b) State ere is an assigr	nee) Attorney				
I				[Total Shoot		11. 🗌			ument (if applicable)	_
5. Oath or Declaration [Total Pages] a. Newly executed (original or copy) b. Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed)						12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations				
					13. 🛛	· · · · · · · · · · · · · · · · · · ·				
						14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)				
					15. 🗌	15. Certified Copy of Priority Document(s)				
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s)				16.	(if foreign priority is claimed)					
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).					10.	(b)(2)(B)(i). Applicant must attach form PTO/SB/35				
6. Application Data Sheet. See 37 CFR 1.76 or its equivalent.										
	18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) Of prior application No: Prior application information: Examiner Group / Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference.									
ŀ	The incorpo	ration can only	be relied upon	when a portion	n has been i	nadvertently o	mitted from	the submitted	application parts.	ce.
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	☑ Customer Number or Bar Code Labél (Insert Customer No. or Attach bar code label here)								w	
Joseph M. Skerpon , 22907										
·					EMARK OFFICE					
	Address	1001 G Street, N.W 11 th Floor								
City Washington State D			D.C.	D.C. Zip Code 20001-4597						
ľ	Country	U.S.A.		Telept	none	202-508-9	100	Fax	202-508-9299	
	Name (Pri	int/Type)	Joseph M)	Skerpon		Registration	Registration No. (Attorney/Agent) 29,864			
	Signature		Von	1 m				Date	December 7, 2001	

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

**or number previously paid, if greater; For Reissues, see above

Complete if Known				
Application Number	ТВА			
Filing Date	December 7, 2001			
First Named Inventor	Serge Beaudoin et al.			
Examiner Name	TBA			
Group / Art Unit	ТВА			

TOTAL AMOUNT OF PAYMENT (\$) 1.938 Attorney Docket No. METHOD OF PAYMENT (check one) FEE CALCULATION (continued) The Commissioner is hereby authorized to charge 3. ADDITIONAL FEES \boxtimes indicated fees and credit any over payments to: Small Large Entity Entity Fee (\$) Fee Deposit Fee Description (\$) Code Code Paid Account 19-0733 105 205 130 65 Surcharge - late filing fee or oath Number 127 50 227 25 Surcharge - late provisional filling fee or cover sheet. Deposit Banner & Witcoff , Ltd. 139 130 139 130 Account Non-English specification Name 147 2,520 147 For filing a request for reexamination 2,520 112 920* 112 920* Requesting publication of SIR prior to Under 37 CFR 1.16 and 1.17 Examiner action Applicant claims small entity status. 113 1.8401 113 1,8401 Requesting publication of SIR after See 37 CFR 1.27 Examiner action Payment Enclosed: 115 110 215 55 Extension for reply within first month 116 400 216 200 Extension for reply within second □ Check □ Credit card ☐ Money □ Other 117 920 217 460 Extension for reply within third month **FEE CALCULATION** 118 1,440 218 720 Extension for reply within fourth BASIC FILING FEE within fifth month month **Entity Small** Large Entity 128 228 1,960 980 Fee **Fee Description** 119 320 219 160 Notice of Appeal Code (\$) Code Fee Paid (\$) 120 320 Filing a brief in support of an appeal 220 160 101 740 201 370 Utility filing fee 740 121 280 221 140 Request for oral hearing 106 330 206 165 Design filing fee Petition to institute a public use 138 1,510 138 1,510 107 510 207 255 Plant filing fee proceeding 108 740 208 370 Reissue filing fee 140 110 240 55 Petition to revive - unavoidable 114 160 214 80 Provisional filling fee 141 1.280 241 640 Petition to revive - unintentional 142 Utility issue fee (or reissue) 1,280 242 640 SUBTOTAL (1) (\$) 740 143 460 243 230 Design issue fee 2. EXTRA CLAIM FEES 144 620 244 310 Plant issue fee 122 Extra Fee from 130 122 130 Petitions to the Commissioner Claims Paid 123 50 123 50 Processing fee under 37 CFR 1.17 (q) Total Claims -20 ** 51 918 Submission of Information Disclosure 126 180 126 180 Independent Stmt -3 ** 0 0 = Х Recording each patent assignment /lultiple 581 40 581 40 per property (times number of Х 280 Dependent properties) 146 740 246 370 Large Entity Small Entity Filing a submission after final rejection (37 CFR § 1.129(a)) Fee Fee Fee Fee Description 149 740 249 370 For each additional invention to be Code (\$) Code (\$) examined (37 CFR § 1.129(b)) 103 18 203 9 Claims in excess of 20 179 102 84 202 42 Independent claims in excess of 3 740 279 370 Request for Continued Examination (RCE) 104 280 204 140 Multiple dependent claim, if not paid 169 900 169 900 Request for expedited examination ** Reissue independent claims over of a design application 109 84 209 42 original patent ** Reissue claims in excess of 20 and 110 18 210 9 over original patent Other fee (specify) _ SUBTOTAL (2) (\$) 1,198

SUBMITTED BY			Complete (if applicable)		
Name (Print/Type)	Joseph M. Skerpon	Registration No. Attorney/Agent)	29,8964	Telephone	202-508-9100
Signature	Just 1	m		Date	December 7, 2001

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$) 0

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